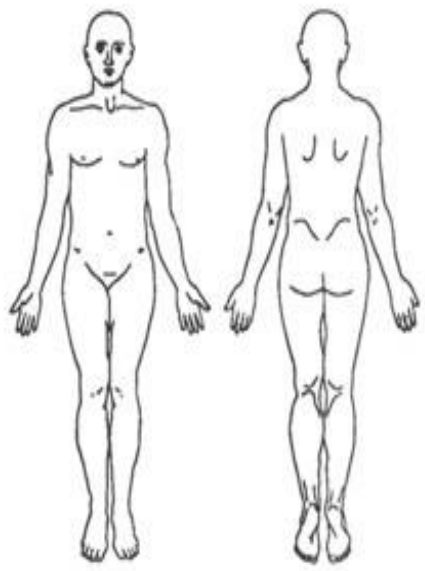


Patient Name: _____ **Date:** ___/___/2015

1 FLICKERING QUIVERING PULSING THROBING BEATING POUNDING	11 TIRING EXHAUSTING
2 JUMPING FLASHING SHOOTING	12 SICKENING SUFFOCATING
3 PRICKING BORING DRILLING STABBING LANCINATING	13 FEARFUL FRIGHTFUL TERRIFYING
4 SHARP CUTTING LACERATING	14 PUNISHING GRUELLING CRUEL VICIOUS KILLING
5 PINCHING PRESSING GNAWING CRAMPING CRUSHING	15 WRETCHED BLINDING
6 TUGGING PULLING WRENCHING	16 ANNOYING TROUBLESOME MISERABLE INTENSE UNBEARABLE
7 HOT BURNING SCALDING SEARING	17 SPREADING RADIATING PENETRATING PIERCING
8 TINGLING ITCHY SMARTING STINGING	18 TIGHT NUMB DRAWING SQUEEZING TEARING
9 DULL SORE HURTING ACHING HEAVY	19 COOL COLD FREEZING
10 TENDER TAUT RASPING SPLITTING	20 NAGGING NAUSEATING AGONIZING DREADFUL TORTURING
	PPI
	0 NO PAIN
	1 MILD
	2 DISCOMFORTING
	3 DISTRESSING
	4 HORRIBLE
	5 EXCRUCIATING

BRIEF	RHYTHMIC	CONTINUOUS
MOMENTARY	PERIODIC	STEADY
TRANSIENT	INTERMITTENT	CONSTANT



E = EXTERNAL
I = INTERNAL

COMMENTS:

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